MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039782 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5367

FILED OCT 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3424		10
3			
4	0		
5	3		
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9	14 19		
10			
11			
12	900		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Otto H. Theel DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
   a. COUNTY: JACKSON
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
   Length of stay in 1b: 48 YRS.
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2928 FOREST
   Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: MISSOURI b. COUNTY: JACKSON
   c. CITY OR TOWN: KANSAS CITY
   Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 2928 FOREST
   Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILFORD Middle EVERETT Last BLACKSMITH

4. DATE OF DEATH: Month OCTOBER Day 1 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 11-25-1903

9. AGE (last birthday): ~~57~~ 59
   IF UNDER 1 YEAR: Months Days
   IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLASTERER

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (City and state or country): NEW CAMBRIA, MISSOURI

12. CITIZEN OF WHAT COUNTRY: U. S. A

13a. FATHER'S NAME: TONY BLACKSMITH

13b. MOTHER'S MAIDEN NAME: ELIZABETH COLLINS

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: MRS. IRENE RAW 8912 MOHAWK LANE - LEAWOOD

18. CAUSE OF DEATH (Enter only one cause per line)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Pneumonia
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b): Congestion
   DUE TO (c): Carcinoma of Tongue
   INTERVAL BETWEEN ONSET AND DEATH:

   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition

   PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-1-63 to 10-1-63 and last saw her/him alive on 10-1-63
   Death occurred at 7:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Otto H. Theel Jr. M.D.

22b. ADDRESS: 4301 Main St. KCMo.

22c. DATE SIGNED: 10-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 10-4-63

23c. NAME OF CEMETERY OR CREMATORY: FLORAL HILLS

23d. LOCATION (City, town, or county) (State): RAYTOWN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: WORNALL FUNERAL HOME INC. K. C., MO.

25. DATE RECD. BY LOCAL REG.: 10-4-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student-Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hugh Baird

Licensed Embalmer No. 4888

P. O. Address Tc 24. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.